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Editorials

The Need for Rural Nursing

The cities and towns in this country with their sudden growth, overcrowding, and emigrant problems, have absorbed our attention so fully since visiting nursing took its place among the agencies that work for health, that we have well-nigh lost sight of the very real claim of our native people in the village and small country districts.

We are apt to think somewhat carelessly and to associate the word country with the reassuring attributes of pure air, roomy spaces, healthful living, and we unconsciously apply the same generalizations to small towns. Then again we forget that all small communities

are not agricultural communities and that even where they are agricultural communities that sickness brings to them a certain kind of tragedy and discomfort to which the dwellers in cities are rapidly becoming disaccustomed.

A community has to attain a certain size before its collective purse can afford hospital, laboratory or ambulance service or even such restrictive and preventive measures as notification of diseases, quarantine or disinfection. The resources upon which the poorest inhabitant of a large town can draw when in great need are inaccessible, indeed unknown, to the dweller in the country or small community. Small communities are equipped for normal, gainful living. Churches, cemeteries, stores, a station, a post office, town hall, perhaps a prison—these form the equipment of the small town. Accident, injury and disease are left to the untrained family watcher and to that man of infinite resource, the country doctor. Too long have we sung his praise and admired his endurance without coming to his aid. The time has come when both he and the scattered families whom he visits should know the reinforcing, solid comfort of a visiting nurse system.

As for the small industrial communities where pay day is often spree day, where alien peoples crowd into small frame houses and sublet every foot of sleeping space in them, where women are sacrificed in a shameless way to the alternating excesses of drudgery and debauch, where the schools are infected with the habits and practices which have been formed in homes where clean, wholesome life or living is almost impossible—such communities need most acutely trained agents in factory, home and school. And moreover such agents should go with the gift of manual helpfulness and while working to remedy the result of so many mistakes and misfortunes win their way into the confidence of the unfortunate ones.

Perhaps if more people who live in the country and earn their living there had put their record on paper, and if the notes and diaries of country doctors could find their way to the understanding of the public we should be even more surprised than we are now that the establishment of rural nursing has not become one of our chief pre-occupations.

A Unified Standard for Visiting Nurses

A conference for nurses "engaged in visiting nursing, school nursing, tuberculosis nursing, social service workers, and all in allied work" will be held from 10 to 12 Wednesday morning, June 5, as a part of the fifteenth annual convention of the American Nurses' Association.

It is earnestly hoped that as a result of this conference the associational nursing bodies who are contributing such splendid service to the public health movements of this country will form a definite national organization with a standard under the control of a national council of professionally trained women.

Miss Hitchcock and Miss Damer both strongly urge in articles which appear in this number of the *Quarterly* a definite agreement as to "a minimum requirement of training and experience for all nurses who shall enter the field of public nursing" and for a National Council of Nurses which shall safeguard such a standard.

We on our part hope that the Chicago June Conference will bring a commencement of fruition to this much desired plan and that visiting nursing as such will come consciously into its own field of work and obligation.

Standardization of Public Service Nursing

By JANE ELIZABETH HITCHCOCK

Superintendent of Nurses, Henry Street Settlement.

Those who graduate from a training school for nurses find open to them three distinct lines in the profession—the hospital nurse, the private nurse and the public service nurse. They must have the same basis of instruction and experience, but require additional lines of preparation for each especial field.

The ward nurse in the hospital concentrates her attention upon the physical need of those under her care. The patients who come to her have shut out all externals and have surrendered themselves to the business of getting well. Puzzles of home or family life are eliminated or, if some cares still linger, they are smoothed away as far as possible by the social service bureau of the institution. Doubtless a large part of the finest professional work can be done under conditions such as these. The life endangering operation can be undertaken with impunity; the protracted illness may be safely guided through discouraging days in this place where the best of medical skill is always at hand and appliances are ready for instant use.

The private nurse in the home of the well-to-do finds more complications creeping into her problem. Home life, that permits the happiness of having the watchful care of loving friends, brings also by its juxtaposition the constant "feel" of responsibilities that should be put aside for a season. At the same time every possible comfort is supplied and high class specialists are called in to advise. Money is not spared and intelligent thought has leisure to plan many aids to final recovery.

For the visiting nurse all these complications are enhanced while at the same time avenues of relief are

reduced. The patient is in surroundings least calculated to aid in her recovery. Her home is probably so crowded that all the functions of normal life must go on before her eyes. Medical advice is often mediocre and the economy that must be practiced at every turn robs her not only of comforts but also of the very necessities for proper care. Her friends are not less solicitous than those in more fortunate circumstances, but their attentions can be given only after days of exhausting labor when there is neither energy nor time to adjust the problem that is daily becoming more aggravated.

Into this confusion comes the visiting nurse. She must untie the Gordian knot and out of the chaos find peace for the patient and relief for the household. She must quickly get a clear understanding of the situation from the point of view of a case of illness. She must know its seriousness and its prognosis. She must grasp the theories of her doctor although she has very few opportunities for consultation with him. She must understand his point of attack and subsequent treatment. She must realize the importance of hygiene and have faith that she is playing a large part if she is simply helping toward wholesome surroundings and mental repose for her patients. This would seem a mere will-o'-the-wisp in many homes if the visiting nurse did not have at her command resources other than those which are purely professional. Questions of isolation, the attitude of the Department of Health and the Tenement House Department, the industrial rights of the working people, their cost of living, sources of relief for them, their rights as citizens, school requirements, recreational privileges, philanthropic organizations, etc.—all of these matters should be as familiar to her and as simple of adjustment as the more intimate details of the sick room.

One hundred visiting nurses are now demanded where only twenty years ago one was sufficient. Are we giving instruction to our pupils that will fit them to fill these posts? Do they know what will be required

of them? Are they in a position to grasp the importance of their responsibilities and to meet them with intelligence and efficiency? If the question were put to me, I should be obliged to give an emphatic "No." Apparently few nurses conceive that their very excellent hospital experience is not an adequate preparation for the responsibilities and varied demands of the visiting nurse. Nurses come daily to the doors of visiting nurse organizations and ask if there are any vacancies. In answer to the question, "Have you knowledge of, or are you interested in social welfare problems?" the oft repeated reply comes, "O, no, I have heard that it is good work and that one can go home nights, and I would like to try it." Poor innocents! Little do they know the trouble into which they are trying to thrust themselves. Where does the fault lie? Surely not with the pupil. She will take what we put before her, believing that we will give her that which will fit her for life's work.

Is it not short-sightedness on the part of the majority of our schools which are sending out pupils innocent of any preparation for this broad and rapidly increasing opportunity for public service? Yes, this question is of a larger significance than the mere preparation of the individual nurse. It is a public demand which has come to our door and has taken us by surprise. We must pull ourselves together and meet it. Present day methods of dealing with these matters make it obligatory. The medical profession is seeing its opportunity and in its advanced clinics is treating the home as well as the patient. It is waking up to see that the environment of the patient has to be reckoned with as well as the specific disease. The causes of illness and the hindrances or helps to recovery are considered as seriously as the proper medication or surgical interference indicated.

Shall we leave this important work to be done by others and focus our vision upon the disease alone, leaving out all consideration of that upon which the disease thrives? It is logical that the visiting nurse should

widen her field to include the immediate environment of her patient. If the nurse does not do it herself some other especially trained person must and the nurse will be in the position of passing over to another what should be her precious possession. After all, it is no new thing. It is merely the widening of boundaries that have always existed.

A glance at the syllabus suggested by the New York State Department of Education shows no preparation for this important line of work except in the suggested list of collateral reading. The writer has searched through curriculum after curriculum of New York schools and finds practically no mention of social instruction. Even where pupils are sent out for experience in district work, there is no mention of previous teaching to fit the pupil for this important field.

Lectures and classes pertaining to social matters should begin early in the course. This is desirable not only to mark its importance in the minds of the pupils, but also that it may give them an understanding of the personal life of the class for whom they are to care during so much of their hospital experience. It should be of infinite value to the ward nurse to have a mental picture of the home of the poor Italian woman; let us say, who has come under her care and who has left her little household full of worries and irritations while she, its rudder, is temporarily swept out upon the tide. Such a sympathetic understanding of a patient's problem cannot fail to bring its result in the increased wisdom of the nurse. Neither can it fail to assist in the development of her tenderness—that quality so indispensable to a good nurse.

If a nurse, after graduation, discovers this weakness in her training and has kept abreast with the nursing publications, she will know of the excellent course in household economics at Columbia University or the equally good instruction in the schools of Philanthropy. But it is not right to the nurse nor to the public that she

should find out her weakness through a failure at some post. She should at least have sufficient ground work in social and civic matters when she leaves her school so that she may know what manner of life she is choosing when she innocently accepts a visiting nurse position. Both the public and she should be spared the humiliating embarrassment of failure or, what may really work greater havoc, the colorless occupancy of an important post.

Suitable instruction may be given in any community, by local teachers who will take up conditions in their immediate communities. There is no village where the questions suggested in the following table are not vital and where there is not someone to meet them although perhaps not a paid agent. In some New England villages one of the "select men" would have a fund of information and would doubtless be glad to impart it. Where there is a woman's club, a committee can easily be formed to investigate the subjects and provide lectures. Pastors of rural churches and Sunday school teachers who know the home life of their children would probably be glad to impart the knowledge.

The following schedule of subjects is made very simple in order to conform to these limitations. It should be introduced early in the course and can be amplified and enlarged in communities more highly organized and where the resources are larger.

1. Housing conditions of the laborers of the community.
Rents, etc.
2. Industrial conditions of the same.
Wages, etc.; cost of living.
3. Health protection of the community.
Town doctor, health office, Dept. of Health, epidemics, spread of contagion, etc.
4. Nursing.
Who nurses the laborer's wife or child?
District nursing, prevention of disease.

5. School sanitation.
Medical inspection and nursing.
6. Follow-up work and training in the Social Service Department of the hospital.
7. Sources of Relief.
 - (a) Town farm.
 - (b) Town doctor.
 - (c) Churches.
 - (d) Organized charities, etc.
8. Recreation and amusements of the young people of the community.
Evening recreation centers.
Organized playgrounds.

It is obvious that although the above schedule is rudimentary, it will take time before the majority of training schools can introduce it into their curricula. Meanwhile the public service nurse is nearly overwhelmed by the magnitude of her problem and by the confusion of standards that now exist. We should come together at an early date and agree upon a minimum requirement of training and experience for all nurses who shall enter upon this important field. A clearly defined standard will help the public service organizations in their selections and will also be of inestimable value to the heads of schools of nursing who must put this new branch of instruction convincingly before their training school committees.

Among the District Nurses in England and Ireland

BY ANNIE DAMER.

District nurses who are planning to attend the International Congress this summer should not fail, while passing through London, to visit the headquarters of the Queen Victoria Jubilee Institute at 58 Victoria St. Many of us had the pleasure at the Buffalo Congress of meeting Miss Hughes who is still its able and efficient superintendent. After a tour with her through the numerous offices and committee rooms, a talk over the many phases of work undertaken by the Institute, and the training of the nurses, a chat with Miss M'Queen in her own little sanctum and a peep into the cupboard where the records of over 6,000 Queen's nurses are filed away, one longs to see such an organization established in our own land, to formulate a standard, to organize and distribute fully qualified district nurses trained for their work, and through affiliation and inspection to maintain the work efficiently.

Over 1,000 nursing associations are now affiliated with the Q. V. J. I. throughout the United Kingdom and over 3,000 nurses employed. Through Miss Hughes' kindness I had the opportunity of visiting a few of these in different parts of the country.

One was stationed in a quiet little country village in the south of England, where Miss Catharine Wood who was also one of our guests at the Buffalo Congress resides. She met me at the station with her little donkey carriage. Pat, who is a very able-bodied donkey, much larger than the famous "burros" which carried the "immigrants" up the canyons at Colorado Springs, conveyed us and the doctor's wife, who is the secretary of the District Nursing Association, to Miss Wood's pretty

little cottage, from which after luncheon we drove back to the nurse's cottage to talk with her about rural nursing in England. The model association employs a Queen's nurse always, she must also be a certified midwife and a cyclist. She has a dear little furnished cottage provided for her, or suitable lodgings, an allowance for food and laundry, her uniform and a salary of \$175 or \$200 a year. The district is often a very scattered one, but the roads are good and with her bicycle she can easily cover the work. Beginning about 9 A. M. she returns for dinner and remains in until after her "tea" at 4, when she goes out for evening rounds. No district nurse in England any more than anyone else, would think life livable without "tea," so we finished the day with a pleasant hour at the doctor's house, a peep at the old church and famous "lynch gate" hundreds of years old, and a journey back to London in the twilight.

The story of the work in London would fill a book of itself. Many days were spent with the nurses in Paddington and Marylebone, down in Whitechapel and at Southfields in the outskirts, near Winbledon, but still great big overpowering London, with its thousands and thousands living always on the borderland of poverty and over it most of the time. Heads of families earning when on full time six or seven dollars a week and paying two of them for rent of two or three rooms, cannot save up much against sickness. The County Council has established a system of free dinners for needy school children. One was visited with Miss Marsters, the Superintendent of the Paddington Association, who is on the committee. A building is provided near the school, a general caterer supplies the dinners which come well protected and warm and are served to the children, who come provided with tickets, and must have clean hands and faces. These schools have now Care Committees to visit and look after the children and their family and homes, refer them to charitable societies when necessary and look after their general welfare.



THE DISTRICT NURSE LIVES IN A COTTAGE ON THE COACH ROAD WHICH
WE REACH AT THE TOP OF THE HILL.

In St. Pancras District one of the Mothers' Welcomes was visited, where a nurse gives regular weekly lectures to the mothers. This is near Euston Station where many of us first step upon London ground, but are soon whirled away in a "taxi" to where Americans most do congregate without time to look around the corner into Somer's Town. Here at the busy School for Mothers daily dinners are served to the nursing mothers attending the talks on "Infant Care," "Home Nursing" and "Nursing Babies." Twice a week women doctors meet with the mothers for consultation and weighing of the babies. Cooking lessons and lessons in dressmaking are given, and once a week the fathers are remembered and a talk given to them by doctors and others.

Down in Whitechapel not far from the London Hospital on one of the narrow little streets off Mile End Road, one finds a pretty little building of stucco and soft tinted wood, just completed and opened by the Sick Room Helps Society for their Nurses Home, with a ward for six maternity cases attached. Here five Queen's nurses reside, whose work lies among the Jewish poor of Spitalfields. There is also a staff of maternity nurses, and about 80 helpers are employed who are placed in the homes to help when the mother is laid aside. The patients make weekly payment of from a penny up and when they have paid in ten shillings are entitled to a helper when required. She works under the district nurse.

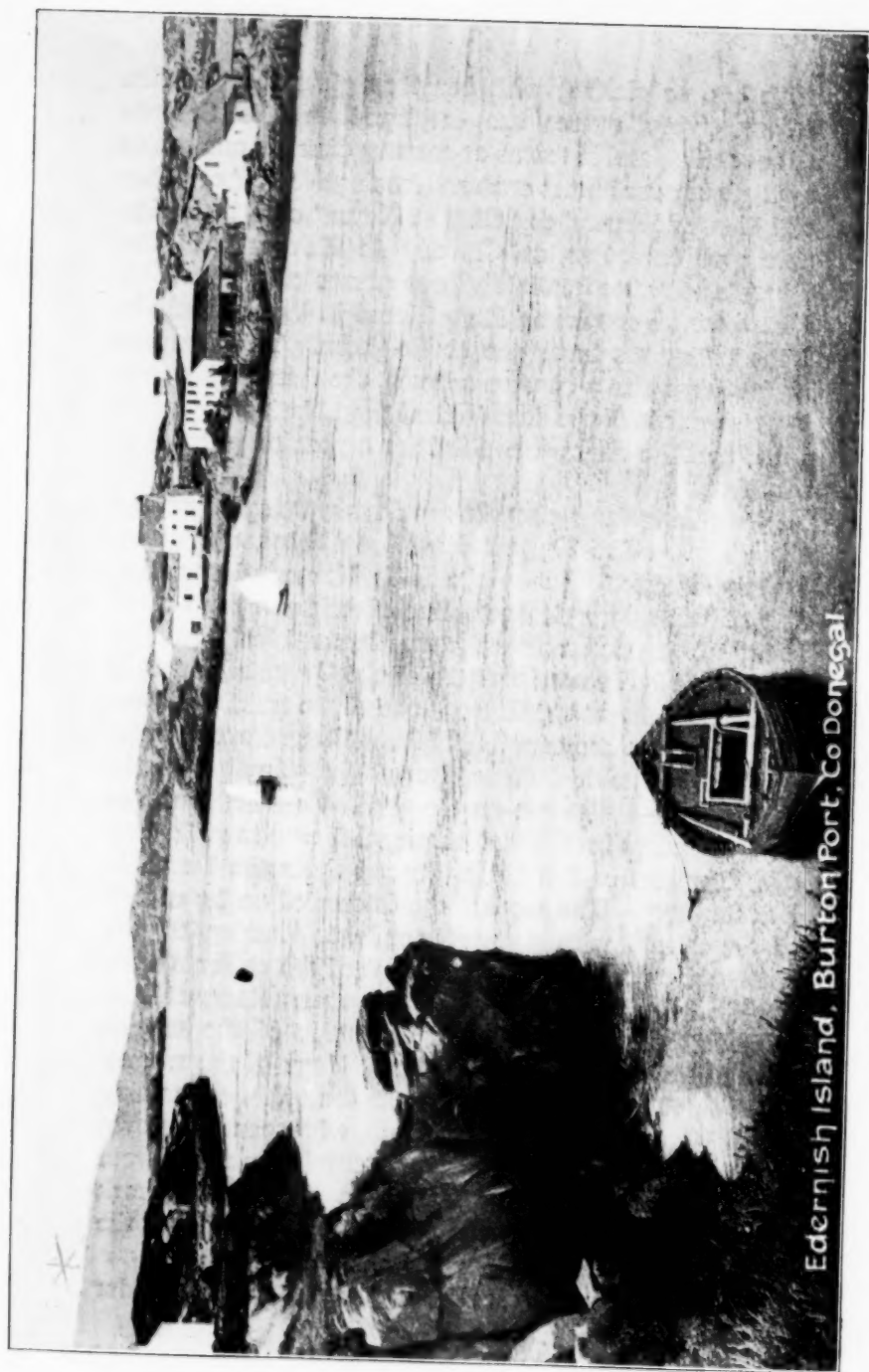
Another large group of district nurses is the Ranyard Nurses, with headquarters at 25 Russel Square near the British Museum. This society was started in 1857 by Mrs. Ranyard as the London Biblewomen and Domestic Mission, but not until 1868 was the nursing work established as a separate branch. One of the names enshrined in the history of this branch is that of Miss Agnes Jones, who after her training at Kaiserswerth, joined Mrs. Ranyard in London

for a year and assisted her in the project of training a corps of nurses to live and work among the poor. The Ranyard nurses live in their districts, not in a central home as do the Queen's. These nurses are also required to have a three years' hospital training before being engaged, then have three weeks at the Central Home for their district training and lectures. About two-thirds of them work parochially and the rest in connection with committees, dispensaries and the Maternity Lecture Department of hospitals. Lectures are given frequently at the Central Home, and the nurses go there once a month for supplies and for consultations. Here I spent several pleasant afternoons meeting sisters and nurses, inspecting supply closets and drinking afternoon tea. Several days were spent in one of the districts, that of Southfields, near Putney in the Borough of Wandsworth. Here two nurses whose districts lie side by side live together in a little home with their cat and dog. One works under a Borough committee and the other for the Parish. Each has her own sitting room and bedroom with a common kitchen. The heads of families in the neighborhood are nearly all employed in London, men earning small salaries in shops and warehouses. Up and down the little streets of small two-story red brick houses we walked. Some are occupied by only one family, others have a family on each floor. Many of the patients are school children reported by the Medical Inspector. The school nurse does not visit them; she waits on the doctor at the clinic, but the home care is given by the district nurse. The nurse's home has a brass plate on the door inscribed, "Visiting Nurse for the Sick Poor," and a letter drop where cards can be placed calling for her services. Often a slate is hung at the door where requests can be written. They do not have telephones. In fact telephones are not in as general use anywhere as they are with us. Most of us would enjoy tea on a Sunday afternoon before the grate fire in the nurse's parlor, eating crumpets or muffins, and talking over her work

with her, or visiting with her throughout her district. About eighty nurses are employed in this Society. All over England in towns or country districts one comes upon signs over homes such as Nursing Home," or "Central Nurses' Home," or "District Nurse" on a little sign at a road corner as at Clovelly in Devonshire. The Queen's Institute has lately been presented with a Rest Home for its nurses at Bryn Menai in Wales, and the Ranyard nurses have one at Brighton. The Ranyard nurses have also a pension scheme, the Association paying two-thirds of the dues in the Royal National Pension Fund and the nurses one-third for a pension payable at fifty-five.

Over in Ireland many happy days were spent among the nurses. The Nurses' Hostel on Stephen's Green, Dublin, is controlled by the Irish Nurses' Association and affords a very pleasant place of residence for a number of nurses, and a place for meeting and lectures. Not far from it is the headquarters of the Queen's Nurses in Ireland and across the Green is one of the training homes of which there are two in Dublin. About eleven nurses live in St. Patrick's Home, four or five of whom are in training, the others are on the staff. Miss Lamont, the superintendent for Ireland, arranged for me to visit some of the nurses in the north, among them the Home in Londonderry. The work there is carried on by a staff of six nurses with a superintendent. Londonderry is built on several hills, and the most of the patients seem to reside on the tops of the highest ones. Rows of little whitewashed cottages border each side of the streets, occupied by one or more families. Many of the women work in the mills and underwear factories, supporting their children and often a husband, who spends his own earnings in the tavern. The whole city is canvassed from home to home for contributions to support the work here, the only place I found this was done, enlisting the whole population in its support.

I also had letters to some of the nurses working under



Edernish Island, Burton Port, Co Donegal.

THE POST ROAD TO ARRANMORE IN THE DISTANCE MARKED WITH A STAR

the Lady Dudley Fund Committee in the congested districts in Donegal. About twenty nurses are engaged in this work; all Queen's nurses whose work is regularly inspected by the inspectors from Dublin. One was visited on Arranmore Island, on the northwestern coast of Donegal. A little light railway runs from Dury to Burtonport, built to enable the people to get their produce to market. At Burtonport we took the post boat of Neilly Boyle, which carries the mail twice a day and any passengers who wish to cross to the island. Miss Kavanaugh, the nurse, has been stationed there six years; her work is chiefly midwifery. She had six patients under care at the time of my call, some of whom I visited with her. The island is six miles long with one long road running its whole length, along which is a straggling village of little white cottages of one or two rooms each. In an outer room in one cottage we found the mother and baby in the only bed—a home-made one. In the center of the room was a table and bench and two chairs. In one corner the big black potato pot and about a bushel of potatoes, while the old bare-footed handy woman in her red flannel petticoat and white cap waited upon the nurse as she attended to the needs of the little "gossoon" who had arrived two days before.

The nurse's little cottage was on the brow of the hill facing the Atlantic; from its windows we could look across the water and point towards home, where so many of these islanders go in search of work and riches. Many of them find work on the Great Lakes, while many go to Scotland for the summer after the potato planting, returning in the fall to live on their earnings during the winter. There are about 400 families on the island, nearly all O'Donnells or Sweenys or Boyles. If there happen to be two children of the same name on the island their father's name is added to their own, and if two fathers have the same name, the mother's is taken also—as Neilly Boyle, Pat Boyle's Neilly, or Mary Pat Boyle's Neilly.

Outside her work the nurse has no companionship or recreation. The parish priest who lives on an opposite hill calls occasionally, and they discuss the latest books they have read or the news of the outside world as gathered from the newspapers. Nearly every farm is mortgaged to the storekeeper on the mainland for food and seed. He is called locally the "gombeen man." We would call him a "chattel mortgage loan shark." The doctor lives on the mainland, and is only called on in extreme cases. The last medical officer lost his life through contracting typhus fever from some cases which he cared for alone. None of the neighbors were willing to assist, or lend their boats to carry the patients down to where there was a hospital. Back a few miles on the mainland is another nurse whose cottage was built by the committee. Here she can demonstrate to the neighbors the possibility of a garden—that where potatoes will grow, other vegetables have a like opportunity. Each nurse has a little maid who cleans the home, and cooks the meals on a little kitchen stove made by an American company. The fuel comes from the peat bogs, cut and stacked for 50 cents a day. No meat can be secured nearer than Dury (which is six hours' ride away) except when the little lamb is killed at each cottage and the nurse is asked to buy a quarter. Chickens have to scratch for their own living, so are not very plump when marketed, but eggs are plentiful and anyone rich enough to own a cow can find plenty of customers for the milk.

Miss Brady, the nurse here, has secured the establishment of a branch of the Donegal Carpet Company which manufactures hand woven rugs. The girls of the neighborhood are employed here at wages beginning at \$2.50 a week. The rugs are sold before they are made; the price is \$4.50 a square yard. Many of them can be seen in the City Hall in Belfast. Some of the cottagers are building themselves new homes with two or more rooms, and everywhere one could see indications of progress due to the resident nurses's influence. It is a most enchant-

ing country, and we might all wish to have our lot cast in such a pleasant place, and be as little queens in the neighborhood such as are the Queen's nurses in the country districts in Ireland. Now and again there is a visit from the superintendent in Dublin, and occasionally Miss Hughes calls upon them. Any visiting nurse is made welcome with true Irish hospitality, and if she has an Irish father or mother she receives a warmer greeting from the neighbors.

Some towns and country sides I visited had no district nurses. Some had a nurse attached to the work-house infirmary who was sent out to nurse cases in the town. Many villages employed so-called village nurses who had midwifery training only, or cottage nurses with a little training before being regularly employed. An effort is being made in Ireland to install these cottage nurses in some districts, which is being strongly opposed by the Irish Nurses' Association. We have not as yet in this country made any attempt to place untrained women in our district work, but we should have as in England, a standard such as that of the Queen's Nurses. Let us have a National Council, giving a course of training, with rules for affiliated societies, a common uniform and badge, and a roll of qualified nurses prepared to be sent to any part of the country for district nursing work.

Concerning a Few of the Duties and Privileges of Trustees

BY ONE OF THEM.

Perhaps one of the reasons why no especial training or preparation has been thought necessary for the voluntary workers who assume the administration and to some extent the direction of our private charities is that everyone hesitates to criticize work which is done voluntarily. One does not feel the right to demand or exact anything from a person who freely contributes his time and his substance.

This view of the matter, however, we believe is undergoing a change in the minds of many people and as a period of unexpressed and unformulated sentiment seems always to precede a change in practice we believe that in the very near future voluntary workers will recognize the value of special training for the important work they undertake to perform.

As a profession organized charity is becoming crowded with able workers of whom an increasingly high standard of efficiency is demanded. We must limit ourselves, however, to the discussion of the non-professional worker, especially the woman worker who occupies the position of trustee on the board of an institutional or associational charity.

Under present conditions she owes the society which she helps represent certain definite duties. The first of these duties is to keep informed as to the findings and decisions of organized charity as it is set forth in the conferences, reports and other publications of the National Charities, which may be called the Central Committee for all constructive social work done in this country. If she is trustee of a medical charity she should also endeavor to provide herself with such special information

as will help her direct the affairs of her board in the best way.

One may say that such an interpretation of the duties of trustees would make it impossible for voluntary workers to continue their labors. This difficulty is more apparent than real, for the same interest that makes one work for the sake of others will lead one to seek information concerning the best way to do such work. The main thing is to seek such information systematically and to be faithful in one's search.

Perhaps just at present one of the most real dangers which threatens trustees is that of falling into a kind of professionalism of attitude when dealing with human problems. It would seem to us that the trustee is much more likely to suffer from an academic dryness and hardness than the worker who actually enters the homes of the poor and comes in frequent contact with the chastening influence of the family life, the family affections and the human relationships of these "problem people."

Every now and then we human beings need that a new prophet should arise and proclaim to us the value of intuition, the greatness of right feeling. Just now when we so much need it such a great voice once again reminds us that we must respect human instinct and not suffer it to be contemptuously thrust aside by the more conspicuous qualities and achievements of the intellect. The worker in the home becomes aware of this and unconsciously modifies her attitude in response to it. The lay members of a board who meet with no such corrective influence should be peculiarly careful when making a decision which will affect the home of these people.

There is another danger which good trustees must beware of and that is administering the affairs of their organization so as to have a large balance in the treasury. A large balance is in fact a confession of failure in as much as it represents just that much work undone. In charity one must learn to think in terms of work, not

in terms of money. A philanthropic organization is not a business run for accumulation, but a business run for disbursement, the only care being that every dollar expended should have just the smallest amount possible used in the spending of it. Apart from this essential difference the other essentials which are observed in doing good business should be observed in the conduct of good charities.

Every contributor to every charitable organization has the right to demand that his contribution shall be put out at the highest rate of interest for the public good. If his money has helped to buy land and buildings he should be able to demand that the plant be operated every day and every hour for the purpose for which his contribution helped purchase it.

Every contributor is a stockholder and should recognize that he has a right to lift his voice at annual meetings and that it is in a measure his duty to read the reports of the societies which he helps to support in order to convince himself that his money is well invested.

One hardly feels it necessary these days to touch upon the indifference of trustees, though perhaps one might state that trusteeship carries with it a very definite obligation to attend all meetings possible and to keep informed as to everything being done by the society for which one stands as sponsor. Every board needs the collective opinion of all its members. No individual opinion can compare in worth and soundness with the collective opinion of a group of people, who, thoroughly informed as to the issue of the question under consideration meet together in the earnest endeavor and sincere desire of deciding and of acting wisely.

We now come to another trait which in a trustee is most desirable; that is the recognition that change does not necessarily imply instability, that all work must change when it obeys an inner impulse of growth. If a work is healthy and strong it will grow and there can be no growth without change. An arrest, a fixedness of

form, often means decay. Everything vital obeys the impulse to pass from one phase to another. Aaron's rod budded and blossomed as a sign and a token. Too often in the minds of grave and otherwise competent people any change means unreliability, instability. But there is one thing that ought to be recognized in this connection and that is that change should come about in response to forces working from within. A fellow trustee once said in my hearing in regard to securing larger rooms for the offices of an association: "If the plant is healthy it will burst its pot." The plant should force the change by crowding its quarters with vigorous growth. There is a great difference between the restless, ineffectual changing from one thing to another as the result of whim and fancy or the feeble purposelessness that hasn't the force to strike root, and the change accompanying development.

The trustees of all healthy organizations are being more and more drawn into the actual work of the societies they represent and less and less do they confine themselves to the purely administrative and money getting side of the work. The great charity conferences are drawing all good citizens into the dragnet of meetings which they spread from coast to coast. The man and woman who were contented formerly to be good, honest householders merely, are today satisfied with nothing short of active, useful citizenship. The home has indeed extended beyond the threshold of the house and the word family has also taken on a significance which transcends the mere blood tie. It is not strange then that a corresponding extension of obligation and privilege should fall to the share of trustees. The important thing is that we should live up to such obligations and privileges worthily.

Our Own People

PART II.

BY LYDIA HOLMAN.

Growth of the Work

Motherhood on a mountain top, in a cabin, with other children to care for whilst the husband travels for miles to secure the services of the nearest "likely" person, be it doctor or only neighbor. Alas for American motherhood in isolated rural communities! for boys and girls, pure Americans, to grow up into good and useful citizens! This phase of the problem convinced me that I could be of help.

It was practicing medicine? Yes. Would you live in any community (miles from a physician) and let people suffer or die if you could help them? Would fear of scorn from women's clubs, or rant of the uneducated, or fear of the newspapers, or jail, cause you to hesitate a moment if you could relieve suffering or prevent death? Then be fair in your judgment of the work I attempted, and be just.

Some of the people who had money paid for what care they received and more did not. Some of the poorer paid in produce; many not at all. None gave what you could call an equivalent counting the expense of living, keeping a horse, buying drugs and dressings and many other necessities; debt was inevitable. The work expanded. I answered calls day and night, which was proof, surely, that the people appreciated my work which grew in every respect far beyond one woman's capacity.

I knew the effort, made in cities, to lend a hand; to educate and protect in want and sickness, to provide for all devoid of means.

I was a member of many of the national philanthropic organizations, and in reading their leaflets and reports I learned that nothing in a national way was being done for the education or health of our isolated or rural people.

Whenever I spoke of our needs to individuals or in public meetings I received this advice, "Publicity! tell your conditions and needs and relief will come."

I told them to a few people in some of the large cities in the East, with the result that the "Holman Association for the Promotion of Rural Nursing, Hygiene and Social Service" has been organized for the purpose of meeting, so far as its resources will permit, the urgent need of these isolated rural people in the mountains of western North Carolina.

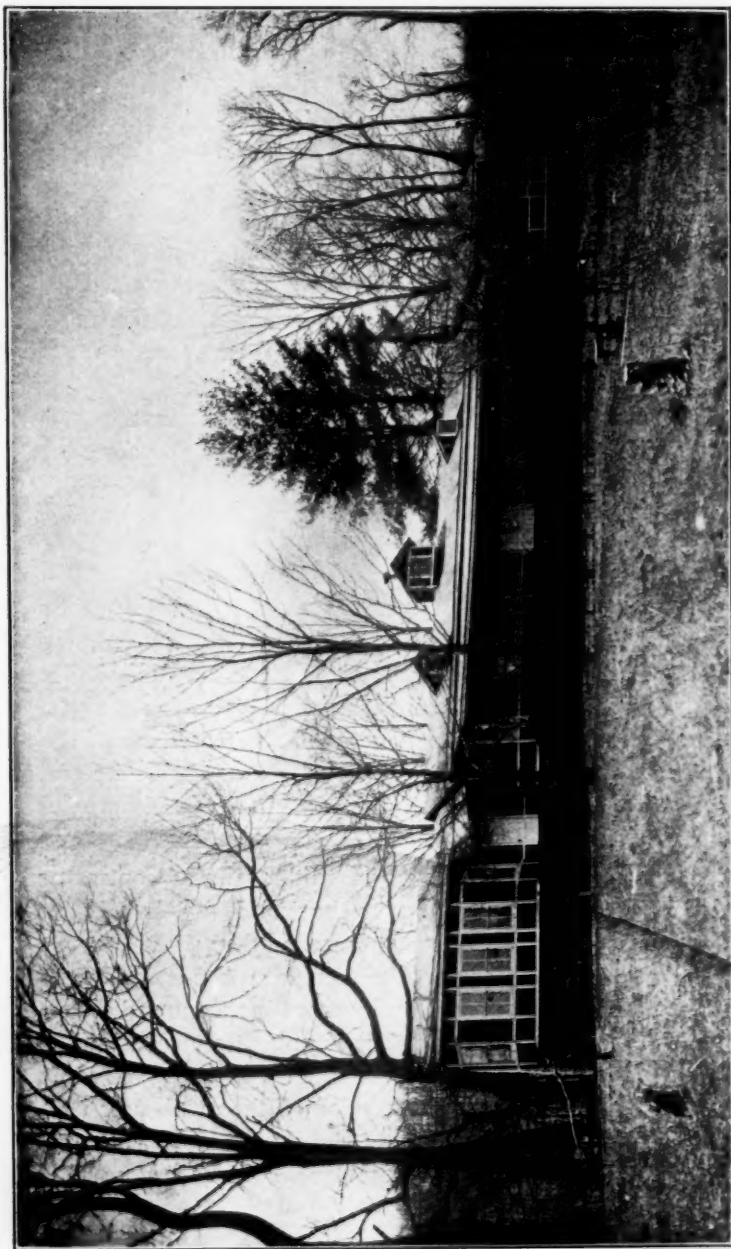
These mountains are full and crowded, as are other rural sections all over the United States, with good American citizens, inert because of the monotony of their lives, while others under more favorable conditions in the good American way are "getting there" in spite of everything.

We need only to render good and definite service to our neighbor in need to give him an impetus and to inspire the confidence of a community in our purpose and methods.

We believe that as an organization we are reaching a problem otherwise untouched except in a small slow way in widely scattered communities. We must enlighten the public in regard to conditions, social problems and all similar needs. How else can we know of our neighbor in need who in good time may become our children's benefactor?

We do not attempt to compete with, duplicate, or decry, the work of others. We wish to co-operate with all agencies for good.

There is no place in the world, said a railroad contractor who had built railroads all over the world, *no place in the world* where such service is more needed than where we are. There is a general idea that the mountains are sparsely settled. You get this impression by traveling through because you do not see the people, but if you attend a religious meeting or a Sunday School session, or a gathering of some sort, you get an adequate conception of the number of people who live there. Otherwise the cabins are unnoticed, they are built behind knolls and in places where they will be sheltered. I think it was Bishop Horner who said that this is the most thickly settled rural community in the South.



HOSPITAL AT SETTLEMENT NO. 1 ALTAPASS, N. C., FRONT VIEW.

There are not just a handful but hundreds of such people in the two states of North Carolina and Tennessee; there are thousands in the five states which give homes to mountain people. The Government has made a record of it. You can find statistics and facts of all kinds about the mountaineers and rural life in Washington. We will not dwell on their needs. We know them.

In many places small schools, missions and other religious enterprises have been attempted and all of them if they could get more workers and funds would gladly enlarge their work.

We have no birth records nor death records in our region, and we know not how many people are born into the world down there (that is as far as accurate statistics go), and we do not know how many die. We do not know the infant mortality. We have no records or statistics of epidemics or anything of that sort. We know, therefore, that if we create centers for such work as ours, we are doing a needed work. I have great faith in the American people and what I have seen them do for others and particularly for the foreigner, convinces me that when this movement is once understood, there will be no further trouble in reaching the proper people, to help our rural neighbors. I do not believe there is a spot on earth in America with a house on it and a man in it to vote, which is not known by some politician. I really have faith that we may eventually reach them through politicians who are thus interested in them as voting citizens.

It was not difficult to go back to the mountains after my visit to the big metropolises; they had been my home for eleven years. My tour in the interest of "publicity" had resulted in the formation of a well organized association of big hearted men and women and in the collection of over three thousand dollars. In May the Carolina, Clinchfield & Ohio railroad gave to the Association some temporary buildings at Alta Pass, N. C., in which to start Settlement No. 1, and also deeded to the associa-

tion a piece of land at Erwin, Tenn., where later another settlement house can be built.

We began our work on the outside of the buildings at Alta Pass at once and moved into the hospital July 6th of last year. We sent for plumbers, and paperhangers, and painters, but I found that with their board it would cost us about seventeen dollars a day to keep things going. We had two nurses and no one to nurse because we had no accommodations for patients. Except for some outside visits to instruct mothers about the care of their babies, there was then little in that line for them to do. I knew my own capacity for work, and I thought I might ascertain the capacity of my two nurses on such things as painting, papering, etc. We forgot for the time being that we were nurses, and only remembered that we had no building into which to bring the patients. The buildings were very rough and had been papered with building paper which had been put on with nails. They were very unsightly. We took it all off and put up on the walls instead plain white oil cloth, a donation from an official of the railroad, who gave us thirty-four pieces. The whole interior of the hospital except the nurses' home and the dining room is covered with white oil cloth. That makes it look very clean and neat. We painted, we papered, and where the floors needed painting, we painted them. We did a little carpentering. We had thirty-four window lights to put in. We were not very successful with the acetylene gas and water piping, but we found a man who did that very well for us.

The nurses' home has been fixed entirely by the nurses, and it is small but very comfortable and cheerful. Indeed, the mountain people who go into that building think that we are well fixed, and that we ought not to wish for anything else, but the ward really appeals to us more, because it is large and airy and clean.

We had five applications for the admission of patients right away. The first was a maternity case, and the woman was happy and well pleased, and has always spoken very

well of her life in the hospital. She never knew that anybody could be treated so well. She had never heard of such a thing. At first we had no supplies and I had to ride around the country on horseback to procure eggs and milk and produce. On one of these foraging tours a woman came from a blackberry patch to show me her sore hand. George Bartlett, who was a consumptive, had told her about us. I looked at her hand and told her to come back in a few days when we would have a doctor who would know what to do. It was a surgical case. Later an operation was performed upon the hand at the hospital and when she was well enough to go she did not wish to go home, but was finally persuaded that it would be better for her to return. She afterwards came every day and tried to help us, and is a most grateful woman. She has a son about eighteen years of age who has convulsions. When the boy found that his mother must stay in the hospital for five or six weeks and that he himself might be helped by medical treatment, he brought his cow with him and told us we could use her milk while they were there. He did not need to stay but went back and forth to his home or brought his meals with him, but we had the benefit of the cow and still have.

I have not as yet announced to the mountain people that the hospital is open. We have taken emergency calls and have had as many as we could take care of. We do not want more just now. A boy injured in a sawmill, and in danger of having his leg amputated so serious was the injury, was brought to the hospital after a five hours' ride on a ramshackle engine down the mountain side. After an operation by our surgeon, Dr. Tyler, and good nursing by the nurses, he recovered and retained his leg. We had a smallpox epidemic. We had great trouble in getting people to be vaccinated but finally accomplished it thoroughly. In fact, the vaccinations took so well that I suppose we will never have to vaccinate them again.

Things are very encouraging at Altapass, and also at Erwin, when we are ready to open it, which we cannot do

until we have a doctor and nurses who can remain at least a year.

We plan to use home supplies. We plan to teach the people to bring their things in to us that we may buy them. We plan to show them how to do their butter up for market, how to take care of their eggs and fruit. In that way we hope to teach them how to gain a market for their products.

The need, the crying need, is *Workers*, and funds to enable us to use the plant as a center for larger work. It is no longer my work but *yours, ours*. Are we awake?

Editor's Comment

The Holman Association for the Promotion of Rural Nursing Hygiene and Social Service was formally organized during the summer of 1910 and a board of directors formed, of which Dr. Wm. H. Welch of Baltimore, is President. The first Annual Report of this Association was published December, 1911, and can be had upon application to Mrs. Joseph Colt Bloodgood, 904 North Charles Street, Baltimore, Md., or direct to Miss Holman, Alta Pass, N. C. The following paragraph quoted from the Report of the Chairman of the Nurses' Committee gives an idea of the faith and sense of justice which has inspired these pioneers in this difficult undertaking:

"The needs of the people of this beautiful land are great. Nurses have always been most generously supplied to look out for and minister to the poor and sick foreign-born who congregate in such vast numbers in all the large cities of our land, while here in the mountains are American born citizens, descendants of the Scotch, Irish and Germans who fled to these mountains during the Revolutionary War, live in ignorance, suffering and poverty with no one to help. For all the teaching and help given these people one receives in return good measure pressed down and running over."

The Red Cross Traveling Visiting Nurse

BY ANNIE M. BRAINARD

At the time of the sale of the Red Cross Christmas seals, last autumn, the Ohio Committee offered as a prize the services of a visiting nurse free for one month each, to the twelve cities of Ohio selling the most seals per capita. This prize was won by the following twelve cities in the order given: Circleville, Painesville, Sandusky, Urbana, Bowling Green, Conneaut, Athens, Gallipolis, Lancaster, Fremont, New Philadelphia and Marion.

The committee engaged Miss Margaret Kameron, a visiting nurse, who had been doing special case tuberculosis work under the direction of the Anti-Tuberculosis League of Cleveland for over a year, to take up the work of *traveling* visiting nurse, and on March 1st, 1912 she started in at Circleville.

She arrived on Monday morning. It was a new undertaking, in a new locality, under entirely new conditions. How would it succeed? How best go about it? Much depended upon the way in which the new work was presented, and the weight of responsibility rested upon the shoulders of the visiting nurse herself. Fortunately Miss Kameron was a visiting nurse of experience and was accustomed to assuming responsibilities.

Monday evening there was a meeting of the "Monday Club," a group of people interested in educative problems, and the one who had been principally instrumental in selling the large number of Red Cross seals. Miss Kameron talked to them about the work of the visiting nurse, what it consisted in and what she hoped to do.

Of course the first step was to come into contact with the *patients*, to reach the homes of the needy families. The "Monday Club" had no intercourse with the poor, and therefore it was agreed that the visiting nurse should be referred to the "Benevolent Society" and that during her

month's stay in Circleville she should make her reports to that society, and receive her patients through it and the physicians.

Miss Kamerer found that the utmost ignorance prevailed concerning the work of a visiting nurse, and that the old time idea of *charity* was the one usually followed—Christmas baskets of good cheer, friendly visiting, presents of clothes and food—palliative charity not constructive charity. Conditions had existed for so long as they were that the general feeling was that they must continue to exist as they were. Poverty, ignorance, unsanitary houses, illness, shiftlessness—they had always been and they must always be. And so the first thing to be done was *to talk hope*. To show what had been done, and what could be done to improve conditions right there in their midst, and to get as many people as possible interested and working for improvements.

The next step was to get at the patients, to win their confidence, to teach them, and to be able to prove to the committee at the end of one month that the work of a visiting nurse is valuable and necessary in any campaign for overcoming disease and bad conditions among the poor of any locality. It did not take a month to prove it. Before two weeks had elapsed the Benevolent Society had decided that they must have a permanent visiting nurse, and had set to work to secure funds.

The patients among whom Miss Kamerer's work was done were mostly of the "po' white" class and she was surprised to find that they seemed to be of the real Southern type, shiftless, dirty, ignorant, and without ambition, though Americans, native born. Moreover, they all seemed to have a dull apathy in the presence of sickness—especially of tuberculosis. They seemed to feel that it was unavoidable and always fatal. Whole families had been wiped out, and when it appeared they would say: "Oh, it's hereditary—there's nothing to do!"

It was against such conditions that the nurse had to work, and her time was limited. But it was amazing the

amount of progress she was able to make in one month, and the seeds sown are already bringing forth fruit in abundance.

When a case was reported to her (and she did not limit herself to tuberculosis cases) she would call as soon as possible. She would introduce herself, and tell them that she was a nurse whom the Red Cross Society had sent to see if something could not be done for the sick person. The people were mostly very glad to welcome her, and to tell her all their woes and family histories. Then she would tell them facts about hygiene and cleanly living, meanwhile winning their confidence by gentle bedside ministrations.

One case is typical of many found. It was that of a young man of eighteen in the third stage of tuberculosis—six members of the family had already died of it.

When the nurse arrived she found the windows all closed and the room very hot. She looked at her little thermometer which she always carried. It was 80 Fahrenheit. Under the bed were stored apples and potatoes—the patient's temperature was 104 $\frac{3}{5}$. She bathed him and made the bed comfortable; she opened the windows and cleaned the room; and she *talked*—oh, how she talked! She told him how to take care of himself and his family; how much more comfortable he would be if he did thus and so, and how he could protect the rest of the family from contracting his sickness. And she told the family even more. She told them what tuberculosis was; how cleanliness and fresh air, and healthful living would help to prevent it; how careful they must be of infection; and lastly, how, though it was too late to *cure* the young man, that they could make him much more comfortable and prolong his life.

When the nurse made her second visit on this case some time later, she found that her instructions had been carefully followed. The room was tidy, the patient properly cared for, and two windows wide open. "He won't let me shut them now," said his mother, "he says he can breathe so much better with them open, and he likes the air."

When the month's demonstration came to a close the

people of Circleville had decided that they must have a visiting nurse, and Miss Kamerer was delegated to find one for them. Also an Anti-Tuberculosis Society is being formed, and it is felt that the old spirit of apathy has given way to a new one of hope, effort and progress.

On April 1st the work at Painesville was begun to continue through the month; in May Sandusky will be visited—and thus through the year until the entire cycle of cities has been visited.

“Among the various agencies by which improvement in the health and the living and working conditions in cities has been most effectively furthered there is one deserving of particular emphasis. This is the agency of the district or visiting nurse in carrying the message of health and right living to households. The designation “nurse” inadequately expresses the mission of this agent, for her work is more than that of the mere care of sick persons. She is likewise the missionary of hygiene and of social service.”

WM. H. WELCH, M. D.

Extract from First Annual Report of the Holman Association.

The Sleep-Witch.

JOHN H. LOWMAN.

This sketch is based on fact. The incidents took place twenty years ago, long before there were visiting nurses in Cleveland. We are sure that a visiting nurse would have been the best and most practical "helper" to doctor, patient and poor little "witch" alike, and could she have paid a few energetic, working calls to Nell's family before they came up from the forlorn house in the country she might have helped breathe a little hope and ambition into their discouraged, listless lives.

The candles had just been lighted and by their feeble glimmer Mrs. Archibald finished her few last duties in the kitchen. Three men and an awkward young woman sat there looking into the gloom. They said nothing and they seemed to think of nothing. As Mrs. Archibald picked up the last dishes and made a final pass or two over the table with her dish cloth, Timothy Archibald, her husband, took one of the candles and shuffled toward the door that led to an adjoining room.

He hesitated before entering, and through the troubled silence as he stopped and stood, there came, in slow pulsings, the deep breathing of a heavy sleeper. On attempting to go further he pushed a chair noisily over the uncovered floor. His wife groaned, the young people moved uneasily in their places. The breathing ceased for an instant, and after a rustling of clothes and a creaking of bed springs, a voice asked: "Is that you, Henry?"

"No," said Timothy, "it's your father. I came to see if you were sleeping. I had no idea that you would awaken so easily."

"He'd wake up Lazarus," whispered his daughter Mary, in the kitchen, to her brother Chester. But Chester made no answer. He simply rubbed his feet over the floor, moved his head and kept on doing nothing, an occupation at which he was very proficient.

"Now that you are awake I must tell you, Nell,"

continued Timothy to the invalid in the bed, "that we must cut off your hair."

"Don't," said Nell with a sob, and threw her thin hands over her disheveled locks.

"Well then, the sleep-witch will pull it out," said Timothy.

Nell's hair was magnificent. It was her pride and her glory. Abundant, long, wavy and rich with varying shades of auburn, it lent itself to any care and no care and made her in the eyes of her friends, wonderfully beautiful. Whether it laid in careless tangles over her head, or hung in long streams over her shoulders or coiled itself in the latest fashion it drew instant attention, often wonderment, and always admiration.

Parting with it was like losing a family treasure and had been discussed in the family councils. The conclusion that it must be sacrificed had not been reached without much reflection and sadness. The entire family were proud of Nell, and Timothy's announcement of her fate was more like the outburst of an uncontrollable sob than the abrupt word of a thoughtless man. Unable to control himself and still less able to comfort his sick daughter, he moved clumsily away from her bedside and found again his place by the stove.

The Archibalds had not long lived in the city. Their home was in one of the small towns on the canal. Their New England ancestors had come in the beginning of the century to the Western Reserve and had there founded a new home at a place where they thought there was good water power. A mill soon made its appearance and a factory for making chairs and agricultural implements, yet the town grew but little and before many decades gave up the effort of struggling against steam and lapsed into a mere farming center.

As farmers the Archibalds did not thrive. Their land fell away from them in bits, until only the home, barnyard and kitchen garden were left. For many years the house had seen no paint. The glass of the upper

windows had often been replaced with boards and paper, The chimneys needed pointing, the blinds hanging, and the fences rebuilding. The place was silent, neglected and decaying. Whenever one of the family lifted back the only door practicable and moved slowly to the well, the picture was complete. The people were like the house and seemed to belong to it.

For more than fifty years the family had been gradually sliding down. Mrs. Archibald had made some effort, but it was futile against the downward momentum of three generations. A crash was imminent, when the fortunes of the family were retrieved by Nell's marriage with a German barber. She went to the great neighboring city to live and found a home in the top tenement of an old block on Kinsman street.

One member after another of her family followed her. Living with the barber became more profitable than farming. They were all contented, the little barber not less than the rest, though he toiled early and late, until his wife fell ill with a fever. The disease seemed interminable. Their old physician from the country, at great sacrifice, stood by his friends, whose gradual decay he had watched with no little solicitude. As the weeks ran into months the household became exhausted with care.

No one could attend the invalid at night without sleeping. Neighbors from the country offered their services only to sleep on their watch. New made acquaintances in town slept while they waited. Even the devoted mother would sleep and neglect her daughter as would also her father. The barber was powerless to help his wife or protect her from this overpowering slumber influence.

All this was a mystery to Timothy, and he could find no other explanation than that they were bewitched.

On the same landing with them, but on the other side of the hall, lived a young woman, apparently alone.

She had a squint, was lame and came upstairs with an uneven tread, especially after night fall. No one knew, that is no Archibald knew, how she lived. She said little, she parted her hair on the side, wore a black ribbon about her throat and sometimes a black patch on her chin. At times she tied a string to her door knob and had been known to fasten a white rag to her window blinds. Packages were mysteriously left at her door. Occasionally in the evening she called at the Archibalds and sat with the invalid. Almost immediately all the family would fall asleep. Then the lame girl would slip away and it would be far into the night before the family would arouse itself. There were times when the youngest child could not be roused, which naturally created great alarm. One night after one of the dreaded visits of the witch, the family found the child in the profound sleep of healthy infancy. Their anxiety was uncontrollable. At midnight they sent two miles for a physician who came and hearing the story of the sleeping infant, rudely awakened it and leaving it screaming, hurried back to his rooms, cursing the star that had made him walk four miles at midnight to wake a baby.

All these things forced the Archibald family to believe that the lame girl was a witch. When asked how she practiced her art, Timothy explained that she came in the evening, and after knocking faintly, went slyly across the room and took her place by Nell's side. Soon they could see her take a white cloth from her pocket and wave it over the bed; a peculiar sweet smell came from the cloth; the patient would grow quieter and soon fall asleep. Then as the odor pervaded the room, others present would feel its influence and grow drowsy, and struggle as they might they could not prevail against it. When all were asleep the sleep-witch would quietly slip away and leave them drugged with unnatural slumber from which they would not recover until midnight or later. On one occasion everyone fell almost instantly asleep where he was as the witch entered the room. Not

infrequently after a visit from her Nell would sleep the entire night without awakening. Timothy was absolutely certain that the girl was a witch and in time convinced the family of the fact. To placate the fiend he would sacrifice Nell's hair, which he prized above any earthly possession. Nell protested as much as her weak state would permit. Her fears for her hair made her skeptical of her father's theory. But no other way appeared whereby the witch could be exorcised.

One suggested locking the door against the witch. That was of no avail. She would walk up and down the corridor and blow through the key hole with the same effect as when she sat in the room. Her power over them increased to such an extent that, the moment her halting footstep was heard on the lower landing, some member of the household would feel his eyelids forced down and fall into a deep sleep. Had it not been for their fears the family would have barricaded the stairway. But, as Chester, the apostle of laziness remarked, 'when have barricades or doors kept out witches?' Obstacles only irritate them and make them more venomous.

As the superstitions of the Archibalds deepened, their anxieties redoubled and their weakness became more than even manifest.

Open conflict, was, of course, most unwise. It must be a battle of wits. In such a contest every man thinks himself the best equipped. Timothy, without a trace of aggression about him, considered himself able to outwit a lame witch. He sprinkled rain water on the door post and over the places where it was her wont to go. He made what he called letter x's on the door panels and boards of the floor of the hallways. His inspired soul failed to associate these practices with the sects whom his ancestors had fought for four hundred years and more. For him the vehicle was the power. He called no saint to his aid, but he muttered incoherently as he practiced his lesser arts. He tore the strings from the door knobs, and at his life's peril pulled the

white rags from the blinds at the window looking toward the street. He spread carpets on the hallway to deaden the sound of her footsteps and plugged the keyholes to keep out her breath. He avoided having anything in common with the lame girl, and changed his butcher and baker. He believed a witch must be completely boycotted—she and all her sympathizers. It was, however, all to no purpose; the Archibalds continue to sleep.

The family then made a confident of their physician. His ridicule only incensed them and made them silent. His patient became hysterical and uncontrollable.

At this point the physician betook himself to one of his city friends and laid, what now had become a "case," before him. The two met at the Archibalds and reviewed the situation. Timothy told his story with lips compressed with the impotency of desperation. He bit off his words in his tale as if he would mangle the very name witch. He ran his knotty fingers nervously through his faded brown beard and moved apprehensively at every sound. For him the walls had ears.

It was quickly apparent at this interview that argument was useless. Every Archibald in Cuyahoga county believed he was bewitched, and whereas the witch had at first concerned herself with putting them to sleep, she was now expanding her power. The milk often turned sour and many things were lost and lost beyond the power of St. Anthony to find.

A visit to the lame girl was determined upon. The visitors found her an inoffensive young woman who lived by pasting labels on boxes in a gum factory. A poor, lame, crooked, tubercular creature who had been handicapped from her birth. She lived with her mother who was so deformed and crippled with rheumatism that she could scarcely leave her chair and was therefore never seen outside her room. The strings and rags were signals to the grocer and butcher. By these means they communicated with the outside world, for the mother was unable and the daughter too weary when evening came

to leave the place which they called home. Her only luxury was musk.

Explanations to the Archibalds were received with silent scorn. Even Chester's face showed a confirmed incredulity. The Archibalds were willing to leave, but Nell was too ill. They wished no personal injury to the lame girl but they demanded that she go away. Part of Nell's hair was cut off and burned before the door of the witch, so that the smell of burning hair penetrated her apartments, to the terror of the old cripple who thought only of fire and the impossibility of escape. The family were divided as to the need of further desecration of the glory of the household.

Doctor R. from the city realizing that he could never convince the Archibalds of their error, pretended to be converted to their idea. He told them the history of Salem when the town was rampant with witches. The family listened with glowing eyeballs to this story of their forefathers and were in keen sympathy with them. The doctor spoke of the evil the witches had brought, and how some of them were tortured and some drowned, but that in spite of persecution they grew and multiplied in power and in numbers. Every Archibald trembled. Then he told how at last the remedy for the horror had been found, and every witch had been sent flying away on a broom to the uttermost parts of the earth where they chattered their lives out in vicious gossip and tricks on one another. He assured his gaping hearers that the account of this must certainly be accessible, and that he would search the dusty tomes of the library for the means employed so successfully at Salem and give the remedy to them.

In a week he returned bringing a large black bottle marked witch oil, and filled with a liquid of atrocious odor. He instructed Timothy to sprinkle this in the hall after the coming and going of the witch, to pour it on the roof and on the front of the house so that the vapors would rise and envelop the witch in a canopy of fumes.

This was to be done secretly for a week, when the power of the witch would be gone, the spell would be broken and sleeplessness would return to them again. So successful was Timothy in eluding observation as he laid the witch that even the plumber and sanitary officer who came to investigate the cause of the odor on complaint of the other tenants, were mystified and reported at the health office "no cause for complaint."

The witch vanished, the bucolic minds of the Archibalds were again vacant and Nell's hair was saved.

News Notes

The Thirty-ninth National Conference of Charities and Corrections will be held in Cleveland, O., June 12-19. The program promises a series of highly valuable meetings, and discussions of novel and unusual interest. The Committee on the Relation of Medical and Social Work, which appears on this year's program for the first time, will be of especial interest to the visiting nurse. This committee has come as an outgrowth of the increasing realization on the part of social and medical workers that many of their problems are closely inter-related and interdependent.

The committee has been divided into seven sub-committees that are to consider the medical and social inter-relation of the following forms of social work: Hospital Social Service, Visiting Nursing, Industrial Diseases and Accidents, Infant Mortality, Blindness, Insanity and Epilepsy, Important Social Diseases (Tuberculosis, Syphilis, Hookworm Disease, and Alcoholism). The chairman of the committee is J. Alexander Miller, M. D., New York; vice-chairman, Miss Ida M. Cannon, Social Service Agent, Mass. Gen. Hospital. At the General Session Dr. Richard C. Cabot will give an address on the "Educational Aspect of the Subject." He will deal with the further educational needs of the doctors, social workers and the public for a better understanding of their mutual problems.

The Chicago District Nurses' Club was organized March 27th, with a charter membership of eighty. The dues are to be one dollar and membership to be restricted to graduate nurses engaged in district or social service work. The officers elected are as follows: President, Miss Flora Glenn, Supt. of Tbc. Nurses; Vice-President, Miss Adelaid Walsh, Social Service Nurse at Children's

Memorial Hospital; Secretary, Mrs. Rose Parnell, School Nurse; Treasurer, Miss Cecelia Evans, district nurse. The club plans to hold monthly meetings at which there will be talks and discussions on subjects of especial interest to the visiting nurse.

The Detroit Visiting Nurses' Club. On February 26th the visiting nurses of Detroit and those doing social service work formed a society, with twenty charter members, called "The Detroit Visiting Nurses' Club."

The Women's Relief Association of Miami has engaged Miss Mildred M. Hamilton, a graduate of Bellevue, to establish visiting nursing in that far-southern town. Miss Hamilton began her work on February 1st. She reports that very little is known in Miami of the work of the visiting nurse, and her first month was, therefore, given over in greater part to the disseminating of information in regard to the service of the nurse; to interviewing doctors and ministers, and securing their co-operation; and in giving bedside care to a limited number of patients, most of whom were able to pay a small fee, and from whom she collected altogether \$25. This work among people of moderate circumstances and the establishment of better sanitary conditions seem at present the most important phases of her work.

The New York State Grange has endorsed rural nursing, and has suggested that local granges take up for consideration the employment of rural nurses.

The Anti-Tuberculosis League of Cincinnati has for the past two years employed, with the most satisfactory results, Miss Sarah B. Helbert as school instructress or lecturer. The report of the year ending February 1, 1912, shows that a total of 517 lectures were given; 47,759 school children reached, besides 3,012 mothers, factory employes, etc.; and that 20,502 circulars were distributed.

During the first year the talks were illustrated with stereopticon pictures, but they were not used in the second series. These lectures have been given to all grades from primary to high school. The subject is hygiene, but with special reference to the prevention of tuberculosis; and the ideas are expressed as far as possible in language and terms that will be easily understood by the younger children. On several occasions Miss Helbert has been requested to speak in the kindergarten grades. In connection with this she tells the following anecdote:

"A woman came up to me and said, 'Say, are you the nurse that talked to my children in kindergarten and school?' I said, 'Yes.' 'Well, I don't like it. Since you talked to my children they are too particular for any use. There is no good putting such notions in their heads. They won't use dirty dishes, and if a spoon drops on the floor they have to have a clean one as they are afraid of germs, and I haven't time to wash dishes for every meal.' I learned later that this woman became the leader in cleaning up the whole block, backyards and all."

The Staff of Domestic Educators, established last September by the North American Civic League for Immigrants and the District Nursing Association of Buffalo, is growing and doing good work. Briefly stated the object of the undertaking is to carry the most practical sort of domestic and hygienic education into the very homes of the immigrants. Mothers are taught to buy good food and so keep themselves and their families well. Housekeepers who have only a few dollars a week with which to provide meals for an entire family are surprised when the domestic educator points out to them a series of satisfying meals which come within the meager income, actually leaving a little to spare. Young girls are given simple instruction in personal and sex hygiene, and are taught how to care for babies properly; and little girls are instructed in hygiene and personal cleanliness and in such simple household work as bedmaking, sew-

ing, etc. The domestic educators are all of them visiting nurses. Their salaries are paid for by the Civic League, but they continue members of the staff of the District Nursing Association and remain under the same supervision.

The Anti-Tuberculosis Commission of Seattle in its report presented last December, wherein it formulated a plan for the municipal control and treatment of tuberculosis, made the following specific recommendation: "As to the hygienic examination of home environments, unless under the care of a physician, every case should be visited by a nurse especially competent to advise, or by a physician in the public service, or by both such nurse and physician."

The Isabel Hampton Robb Memorial Club House for Graduate Nurses at 2100 East 40th street, Cleveland, O., was formerly opened on the 8th of April. This memorial in no wise conflicts with the national memorial, but is largely the gift of persons in Cleveland who felt that they could best honor the memory of this notable woman by fulfilling one of her most earnest wishes. For some time before her death she had tried to rouse interest in such a building for the closer bringing together of Cleveland nurses. She had organized a committee to work toward the fulfilment of the plan so that its realization gives much happiness to those who knew her and knew how much she wished to have such a club house in operation.

Stories Told by Nurses

Behind the Door

BY BLANCHE SWAINHARDT

A long time ago a visiting nurse met a very nice but a very unfortunate person. We shall call this person Friend.

Now, Friend had never seen near to or touched a little tiny baby, but wanted to, oh! so much!—and the nurse promised to take Friend calling, some time.

Our pilgrimage was made one cold, blustery night, down a dark street, through a gate, over a fence and to a dismal door. From behind the door came a sweet Italian face, the mother; large, soft eyes, dark hair mostly covered by a cap, pretty shoulders wrapped in a red shawl.

I introduced Friend, and told the mother we had come to see the baby, Antoinette, just two weeks old, and such a dear Antoinette! But such troubles as had come! Friend and I sat and listened to the story. Five years ago Maria had become the bride of Guiseppe, in sunny Italy. Guiseppe and Maria decided to come to America and make "beeg money"—have "lots of things." Just before leaving Italy a great joy came to them. A beautiful brown-eyed son, Amelio, was born.

After arriving in New York Guiseppe had plenty of work. Maria kept house, worked and sang, and worshipped Amelio. By and by a beautiful brother came to help make Guiseppe, Maria and Amelio very happy. Maria had friends in Cleveland and Guiseppe was well and strong and could make a living anywhere. In fact, he had saved \$400, and he loved to do everything to make his pretty young wife happy, so they came to Cleveland.

The little family located in a nice four-room flat, cozy and homelike. Guiseppe got work, the babies were well and growing fast, and Amelio looked just like his father. Guiseppe worked hard, early and late, but cared not, for all the bills were paid. They lived well and life was indeed sweet.

Suddenly a tragedy came into this home. Guiseppe went to the Municipal Bath House for a plunge, after a hard day's work, and when he dove into the tank struck his head. He was taken home unconscious. Maria was terribly frightened, and called the doctor. The doctor sent Guiseppe to the hospital, where he remained for weeks. Both arms were paralyzed.

Nine long months have passed now. At first it wasn't so bad, for there was the small fortune, four hundred dollars, and they could pay the doctor, the hospital and the rent, and have food besides. Now the money is gone, Guiseppe, though better, is still unable to use his arms, and lovely Antoinette has just been born. Maria is worried and nervous and has no milk for the baby, the gas bill is due, the landlord "he holler for the rent." (They have moved into two small rooms.)

Maria said to me (I had been holding the baby during the brief story), "Please, Missie, youa taka my baby, just four months. Me go work in shop, get seven dollar week, pay gas bill, pay rent, no need help. Then, four months, my husband he be well, he go work. I take Antoinette, everything be all right."

My good friend and I had listened, not unmoved, at the story. The dear babe snuggled closer and closer to me, entirely unconscious of "such a beeg troubles" she had caused. I had to tell the mother I couldn't take Antoinette for even four months, much as I should like to, but assured her that someone would come and see the baby and send her milk.

The Babies' Dispensary was notified and will, we hope, pension this good mother. The family are surely

facing a crisis, and aid must come to them. The sun must shine, even as it used to shine in Italy.

Haven't we heard virtue is its own reward, and isn't being a dear, patient mother the very essence of virtue? Maria is being mother and father just now to her children, as well as comrade and sweetheart for her dear Guiseppe.

Upon leaving, Maria urged us to call again. I assured her I would, but did hope she would watch her dog, a vicious beast. She looked so sweetly amazed at me, and said: "Youa come, Missi. My dog, hea no bite you. Hea no bite anybody. Hea just—he a just—sing, that's all."

Friend and I had become sworn friends of the whole family, and shall surely go often to see them. They are all just as lovely as Antoinette, though not quite so mystifying or appealing as the warm, soft, helpless newborn babe. How much more we had found behind that dismal door than we had anticipated! We had gone to see Antoinette from a purely selfish motive, and we were permitted to see and know the heart of a woman, and once again we saw the joys and cares motherhood and fullness of life bring. Maria was utterly unselfish. Her face beamed with thoughts and care for those she loved.

We went home, realizing that we had seen and felt poverty and anxiety, but we had also seen and known "Faith, Hope and Love—and the greatest of these is Love."

Mike

BY MARTHA FROH.

In the southwestern part of our city, down near the railroad tracks and along the lane where the rear end of the houses are three stories high and the front only one, there is where the Gang holds forth even to this day. It is a suitable place, offering empty sheds, barns and freight cars.

To be a member of the gang is the ambition of very nearly all the youngsters in the neighborhood. Certain qualifications are necessary for admission. You must know how to smoke cigarettes, and you dare not be afraid to stay out all night, nor be afraid to stay away from school without a permit whenever the occasion requires. Their motto is, "Everything and anything we can lay our hands on and carry away belongs to us." Their ambition is to be just as brave, desperate and mischievous as their dime novel heroes.



MIKE

So it happened that Mike felt this wonderful irresistible power of the gang; a sort of magnetic force that drew him along with it. Poor Mike! he had no one at home to tell him that it was best to fight against this desire to be one of "The Gang." Mother and father were so interested in that little granite bucket which travels between home and the saloon dozens of times a day, that

they hadn't time to think about less important things. Moreover Mike was only one out of seven; so why should they pay any special attention to him?

One day a bicycle was missing; later on it was found in the cellar of Mike's home. The result was a visit to Juvenile Court, a \$10 fine, and Detention School. Just think, ten dollars! and Mr. K. had to pay them; what a calamity when you stop to figure how many beers and whiskeys could have been bought with that amount! After that they thought it worth while looking after Mike and seeing that he attended school every day; a failure to do so might mean another fine.

Friday morning Mike jumped out of the place he called a bed and found that his knee joints didn't want to work just right. But one dare not stay away from *Detention School*, so Mike managed somehow to get there. During the next two days he discovered that he possessed a great many more joints than he had ever thought a human being could possess.

No one ever thought of such a thing as calling in a doctor or nurse, and Monday morning the little fellow made another brave attempt to go to school. No pain was great enough, in his parent's estimation, to excuse him from Detention School! He remembered reaching the kitchen door. When he opened his eyes again a doctor was working over him. Mike was suffering from an attack of inflammatory rheumatism.

The nurse was called in to see if in some way she could make the poor little fellow more comfortable. Oh, such a lumpy bed to lie on when every inch of your body is a great big pain! How relieved the nurse felt when she remembered that at her station two woolen blankets were waiting for just such a case; and those lovely big soft cotton pads, they surely would soften the lumps a bit.

While the nurse was bathing her little patient she asked where he went to school. "Well—I go to Boys'

School; some people call it Bad Boys' School, but it ain't." The nurse was already convinced that at least one of the boys from that school wasn't altogether bad for the way he bore his pain was a virtue in itself. Never a cry nor a word of complaint, only an occasional gnashing of the teeth showed us what terrible agony he was in.

At last the blankets and pads are on the bed, Mike has a nice clean gown on and at least looks a great deal more comfortable. "Mike, I hope you will be able to rest now. I know this has been very trying for you, but you have been a brave little fellow." He smiled and said: "Say, nurse, do you know, some people are afraid of the nurses, but I think they are the best thing the city sends around." Dear childish, unaffected words of thanks! they make the nurse feel that her work has been more than worth while.

"Goodby, nurse, be sure and come tomorrow." But tomorrow brought better things for Mike and our care was no longer needed.

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Foreword

This issue of *The Quarterly* contains the partial reports of two sections of two great Congresses. First the proceedings of the Visiting Nurse Section of the Fifteenth Annual Convention of the American Nurses' Association held in Chicago from June 5 to 7; and secondly the Section on the Relationship of Medical and Social Work of the Thirty-ninth Conference on Charities and Corrections held in Cleveland from June 12 to 19.

At the former Congress there came into being a new National Organization for which we solicit in largest measure your moral and material support. The reports of these meetings have been taken down stenographically and the time for editing the material has been short so that we must beg your indulgence for any errors that may have slipped into the discussions.

Anyone desiring to become a member of the National Organization for Public Health Nursing will kindly send their names to Miss Mary E. Lent, Supt. of the Instructive Visiting Nurse Association, 1123 Madison Ave., Baltimore, Md. And anyone desiring to subscribe to the *Visiting Nurse Quarterly*, which will shortly be taken over by the National Organization, will kindly send their names and subscriptions to the Visiting Nurse Association, 612 St. Clair Ave., Cleveland, Ohio.

Again we commend to nurses and to the laity alike the new National Organization for Public Health Nursing.